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MAY 23 2006

FACSIMILE TRANSMITTAL SHEET

To: Examiner Fangemonique A. Smith – Group Art Unit: 3736

FIRM/COMPANY: U.S. Patent and Trademark Office – Mail Stop Amendment

FACSIMILE NUMBER: (571) 273-8300

**CONFIRMATION
TELEPHONE:** 571.272.8160 (Examiner)

FROM: Anne Marie Leavy-Ghazi for Edward J. Lynch

DIRECT DIAL: 415.957.3017

DATE: May 23, 2006

USER NUMBER: 5121

FILE NUMBER: Docket No. R0367-03700

**TOTAL # OF PAGES:
(INCLUDING COVERSHEET)** 30

MESSAGE: Attached is an Amendment and Response to Restriction and Election of Species Requirements in Response to the Office Action mailed 4/25/2006 in connection with patent application Serial No. 10/642,406, filed August 15, 2003.

Please confirm receipt of this facsimile.

NOTE: Original will NOT follow

CONFIDENTIALITY NOTICE

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MAY 23 2006 PATENT

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re the application of) Examiner: Fangemonique A.
Burbank et al.) Smith
For: BIOPSY DEVICE WITH NEEDLE SHAPED) Group Art Unit: 3736
INNER CUTTER)
Serial No.: 10/642,406)
Filed: August 15, 2003)
Atty. Docket No.: R0367-03700)
)

TRANSMITTAL

CERTIFICATE OF MAILING/FACSIMILE PURSUANT TO 37 C.F.R. §1.8

I hereby certify that these papers are being sent by facsimile to (703) 273-8300, addressed to Examiner Fangemonique A. Smith, Mail Stop Amendment, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on May 23, 2006, in San Francisco, CA.

Anne Marie Lavy-Ghazi
Anne Marie Lavy-Ghazi

Mail Stop Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Dear Sir:

1. Transmitted herewith for filing in the above-identified patent application is an Amendment and Response to Restriction and Election of Species Requirements.
2. Claim Fee Calculation

No additional claim fee is required.

Amendment increases number of claims or multiple dependencies.

Additional Claim Fee Calculation

Description	Fee Code	Claims	Extra	Rate	Fee
Independent Claims	2201	11 - 12 =	0 x	\$100=	\$-0-
Total Claims	2202	86 - 70 =	16 x	\$25=	\$400.

Additional Claims Fee \$400.

Total Fees Due.....\$400.

3. Payment of Fees

Enclosed is a check for the total fees due in the amount of _____.

The Commissioner is authorized to charge any fees and to credit any overpayment of fees which may be required under 37 C.F.R. §1.16 or §1.17, to Deposit Account No 04-1679, referencing Atty. Docket No. R0367-03700. A duplicate copy of this document is enclosed for fee processing.

By:

Edward J. Lynch
Edward J. Lynch
Registration No. 24,422

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004/030

MAY 23 2006**PATENT****IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

In re the application of)	Examiner: Fangemonique A. Smith
Burbank et al.)	Group: 3736
For: BIOPSY DEVICE WITH NEEDLE)	
SHAPED INNER CUTTER)	
Serial No.: 10/642,406)	AMENDMENT AND RESPONSE TO
Filed: August 15, 2003)	RESTRICTION AND ELECTION OF
)	SPECIES REQUIREMENTS
Atty. Docket No.: R0367-03700)	

CERTIFICATE OF MAILING PURSUANT TO 37 CFR 1.8

I hereby certify that this correspondence is being transmitted by facsimile (571) 273-8300 and addressed to Attention: Examiner Fangemonique A. Smith, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on 5-23-06 in San Francisco, CA.
By: Chris Parry-Grainger

Mail Stop Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Dear Sir:

In response to the Office Action mailed April 25, 2006 in the above-referenced application, please amend the above-referenced application as follows:

05/24/2006 KBETEMA1 00000060 041679 10642406

01 FC:2202 400.00 DA